

<i>SERFF Tracking Number:</i>	<i>AEGC-126302922</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43528</i>
<i>Company Tracking Number:</i>	<i>1660</i>		
<i>TOI:</i>	<i>MS05I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS05I.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Rates/55I</i>		

Filing at a Glance

Company: Monumental Life Insurance Company

Product Name: 2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing SERFF Tr Num: AEGC-126302922 State: Arkansas

Insurance Company Standard Individual Medicare Supplement Rate Filing

TOI: MS05I Individual Medicare Supplement - Standard Plans

SERFF Status: Closed-Approved- Closed State Tr Num: 43528

Sub-TOI: MS05I.001 Plan A

Filing Type: Rate

Co Tr Num: 1660

State Status: Approved-Closed

Reviewer(s): Stephanie Fowler

Disposition Date: 10/22/2009

Authors: Carolyn Mills, Teri

Schaffer, Kristina Davis

Date Submitted: 09/17/2009

Disposition Status: Approved-

Closed

Implementation Date Requested: 12/01/2009

Implementation Date: 12/01/2009

State Filing Description:

General Information

Project Name: Medicare Supplement Rates

Project Number: 55I

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments: The rates for this policy form in our domiciliary state of Iowa are pending.

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact: 10%

Filing Status Changed: 10/22/2009

Market Type: Individual

Group Market Size:

Group Market Type:

Explanation for Other Group Market Type:

State Status Changed: 10/22/2009

Deemer Date:

Created By: Carolyn Mills

Submitted By: Teri Schaffer

Corresponding Filing Tracking Number:

Filing Description:

2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing. Policy Form(s):

MS4000IPM-A, MS4000IPM-C, MS4000IPM-D, MS4000IPM-F, MS4000IPM-G

SERFF Tracking Number: AEGC-126302922 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 43528
Company Tracking Number: 1660
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: 2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing
Project Name/Number: Medicare Supplement Rates/55I

Dear Ms. Minor:

Enclosed is our rate submission for the benefits contained in the Standardized Medicare Supplement plans. This rate revision would be effective the first day of the month following 60 days from the effective date of the approval. Since this is a closed block of business, we have dropped all plans that no longer have lives for the last two years. We will only be including in our filings the plans that still have lives.

To aid in the rate review process, the actuarial memorandum is in line with the rate revision filing format recommended in the NAIC Medicare Supplement Model Regulations Compliance Manual.

Enclosed to complete this submission are:

- Actuarial Memorandum with Exhibit A
- Exhibit B (Experience)
- Life, Accident & Health Transmittal Document
- Projection Exhibit
- Actual to Expected Analysis

Should you have any questions or concerns, please feel free to call me at 800-233-4624 extension 5236 or our Actuary, Stephen Baloga at extension 5226. For your convenience you can email us at msapprovals@aegonusa.com. If you prefer, our fax number is 410-209-5904.

Sincerely,

Teri Schaffer,
Actuarial Administrative Supervisor

Company and Contact

Filing Contact Information

Carolyn Mills, Assistant Actuarial Statistician cemills@aegonusa.com
520 Park Avenue 410-209-5644 [Phone]
Baltimore, MD 21201 410-209-5904 [FAX]

Filing Company Information

Monumental Life Insurance Company CoCode: 66281 State of Domicile: Iowa

SERFF Tracking Number: AEGC-126302922 State: Arkansas
Filing Company: Monumental Life Insurance Company State Tracking Number: 43528
Company Tracking Number: 1660
TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans
Product Name: 2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing
Project Name/Number: Medicare Supplement Rates/55I

4333 Edgewood Road, NE Group Code: 468 Company Type: Life and Health
Cedar Rapids, IA 52499 Group Name: State ID Number:
(800) 233-4624 ext. [Phone] FEIN Number: 52-0419790

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Monumental Life Insurance Company	\$50.00	09/17/2009	30619961

SERFF Tracking Number:	AEGC-126302922	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	43528
Company Tracking Number:	1660		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing		
Project Name/Number:	Medicare Supplement Rates/55I		

Disposition

Disposition Date: 10/22/2009

Implementation Date: 12/01/2009

Status: Approved-Closed

Comment: The requested rate increase has been approved to be implemented on or after December 1, 2009. This approval is subject to the following:

- Increases will not be given more frequently than once in a twelve-month period

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	10.000%	10.000%	\$2,090	4	\$20,904	10.000%	10.000%

<i>SERFF Tracking Number:</i>	<i>AEGC-126302922</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Monumental Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>43528</i>
<i>Company Tracking Number:</i>	<i>1660</i>		
<i>TOI:</i>	<i>MS051 Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS051.001 Plan A</i>
	<i>Standard Plans</i>		
<i>Product Name:</i>	<i>2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing</i>		
<i>Project Name/Number:</i>	<i>Medicare Supplement Rates/55I</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Accepted for Informational Purposes	No
Supporting Document	Uniform transmittal	Accepted for Informational Purposes	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes
Rate	Rates	Approved	Yes

SERFF Tracking Number:	AEGC-126302922	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	43528
Company Tracking Number:	1660		
TOI:	MS051 Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS051.001 Plan A
Product Name:	2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing		
Project Name/Number:	Medicare Supplement Rates/55I		

Rate Information

Rate data applies to filing.

Filing Method:	serff
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	7.000%
Effective Date of Last Rate Revision:	12/01/2008
Filing Method of Last Filing:	seerff

Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Monumental Life Insurance Company	10.000%	10.000%	\$2,090	4	\$20,904	10.000%	10.000%

SERFF Tracking Number: AEGC-126302922 State: Arkansas

Filing Company: Monumental Life Insurance Company State Tracking Number: 43528

Company Tracking Number: 1660

TOI: MS051 Individual Medicare Supplement - Sub-TOI: MS051.001 Plan A
Standard Plans

Product Name: 2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing

Project Name/Number: Medicare Supplement Rates/55I

Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action:	Rate Action Information:	Attachments
Approved 10/22/2009	Rates	MS4000IPM-A	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	exhibita_p.pdf
Approved 10/22/2009	Rates	MS4000IPM-C	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	
Approved 10/22/2009	Rates	MS4000IPM-D	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	
Approved 10/22/2009	Rates	MS4000IPM-F	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	
Approved 10/22/2009	Rates	MS4000IPM-G	Revised	Previous State Filing Number: Percent Rate Change Request: 10.000	

Exhibit A
Monumental Life Insurance Company
Policy Form Series: MS4000IPM

Mass Marketed Standard Individual Medicare Supplement
Premium Rates
State of Arkansas

Current Monthly Premium Rates

Composite Age	Plan A	Plan C	Plan D	Plan F	Plan G
65 & Up	269	508	282	549	322

Proposed Rate Change

	Plan A	Plan C	Plan D	Plan F	Plan G
All Ages	10.0%	10.0%	10.0%	10.0%	10.0%

Proposed Monthly Premium Rates

Composite Age	Plan A	Plan C	Plan D	Plan F	Plan G
65 & Up	295	559	311	604	354

	Annual	Semi-Annual	Quarterly	Monthly	Auto-Monthly
Modal Factors	12.000	6.000	3.000	1.000	0.960

SERFF Tracking Number:	AEGC-126302922	State:	Arkansas
Filing Company:	Monumental Life Insurance Company	State Tracking Number:	43528
Company Tracking Number:	1660		
TOI:	MS05I Individual Medicare Supplement - Standard Plans	Sub-TOI:	MS05I.001 Plan A
Product Name:	2009 Monumental Life Insurance Company Standard Individual Medicare Supplement Rate Filing		
Project Name/Number:	Medicare Supplement Rates/551		

Supporting Document Schedules

		Item Status:	Status
			Date:
Satisfied - Item:	Uniform transmittal	Accepted for Informational Purposes	10/22/2009
Comments:			
Attachment:			
	uniform_transmittal.pdf		

Life, Accident & Health, Annuity, Credit Transmittal Document

1.	Prepared for the State of	Arkansas					
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2.	Department Use Only
	State Tracking ID

3.	Insurer Name & Address	Domicile	Insurer License Type	NAIC Group #	NAIC #	FEIN #	State #
	Monumental Life Insurance Company 520 Park Avenue Baltimore, MD 21201-4500	Iowa	Accident & Health	468	66281	52-0419790	

4.	Contact Name & Address	Telephone #	Fax #	E-mail Address
	Teri Schaffer Actuarial Administrative Supervisor 520 Park Avenue Baltimore, MD 21201-4500	800-233-4624 ext. 5236	410-209-5904	msapprovals@aegonusa.com

5.	Requested Filing Mode	<input checked="" type="checkbox"/> Review & Approval <input type="checkbox"/> File & Use <input type="checkbox"/> Informational <input type="checkbox"/> Combination (please explain): _____ <input type="checkbox"/> Other (please explain): _____
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6.	Company Tracking Number	1660
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7.	<input checked="" type="checkbox"/> New Submission <input type="checkbox"/> Resubmission Previous file # _____
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8.	Market	<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Franchise <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Group <input type="checkbox"/> Small [] Large <input type="checkbox"/> Small and Large <input type="checkbox"/> Employer <input checked="" type="checkbox"/> Association <input type="checkbox"/> Blanket <input type="checkbox"/> Discretionary <input type="checkbox"/> Trust <input type="checkbox"/> Other: _____ </div>
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9.	Type of Insurance	MS05I Individual Medicare Supplement - Standard Plans
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10.	Product Coding Matrix Filing Code	<u>MS05I</u>
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11.	Submitted Documents	<div> <input type="checkbox"/> FORMS <input type="checkbox"/> Policy <input type="checkbox"/> Outline of Coverage <input type="checkbox"/> Certificate <input type="checkbox"/> Application/Enrollment <input type="checkbox"/> Rider/Endorsement <input type="checkbox"/> Advertising <input type="checkbox"/> Schedule of Benefits <input type="checkbox"/> Other </div> <div style="margin-top: 10px;"> <u>Rates</u> <input type="checkbox"/> New Rate <input checked="" type="checkbox"/> Revised Rate </div> <div style="margin-top: 10px;"> <input type="checkbox"/> FILING OTHER THAN FORM OR RATE: Please explain: _____ </div> <div style="margin-top: 10px;"> <u>SUPPORTING DOCUMENTATION</u> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Articles of Incorporation <input type="checkbox"/> Association Bylaws <input type="checkbox"/> Statement of Variability <input checked="" type="checkbox"/> Actuarial Memorandum <input type="checkbox"/> Other: _____ </div> <div> <input type="checkbox"/> Third Party Authorization <input type="checkbox"/> Trust Agreements <input type="checkbox"/> Certifications </div> </div> </div>
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12.	Filing Submission Date	September 8, 2009
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13.	Filing Fee (If required)	Amount	\$ 50.00	Check Date										
		Retaliatory	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Check Number										
14.	Date of Domiciliary Approval	The rates for this policy form in our domiciliary state of Iowa are pending												
15.	Filing Description:													
	<p>2009 Annual Rate Filing for Standard Mass Marketed Medicare Supplement Policies: Monumental Life Insurance Company</p> <p><u>POLICY FORM #(s):</u></p> <p>MS4000IPM-A MS4000IPM-C MS4000IPM-D MS4000IPM-F MS4000IPM-G</p>													
16.	Certification (If required)													
<p>I HEREBY CERTIFY that I have reviewed the applicable filing requirements for this filing, and the filing complies with all applicable statutory and regulatory provisions for the state of <u>Arkansas</u>.</p>														
<p>Print Name: Stephen Baloga, A.S.A., M.A.A.A. Title: Assistant Vice President and Actuary</p>														
<p>Signature:  Date: September 8, 2009</p>														

18.		Rate Filing Attachment		
This filing transmittal is part of company tracking number		1660		
This filing corresponds to form filing company tracking number				
Overall percentage rate impact for this filing		10.0%		
	Document Name	Affected Form Numbers		Previous State Filing Number
	Description			
01	Actuarial Memorandum w/Rates Memorandum, rates, state & nationwide experience, actual to expected analysis, loss ratio projections	MS4000IPM-A MS4000IPM-C MS4000IPM-D MS4000IPM-F MS4000IPM-G	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>10.0%</u> - <u>10.0%</u> <input type="checkbox"/> Other _____	
02	Life, Accident & Health Transmittal Form Page 1 thru 3	MS4000IPM-A MS4000IPM-C MS4000IPM-D MS4000IPM-F MS4000IPM-G	<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised Request + <u>10.0%</u> - <u>10.0%</u> <input type="checkbox"/> Other _____	
03			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
04			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
05			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
06			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
07			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
08			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
09			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
10			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	
11			<input type="checkbox"/> New <input type="checkbox"/> Revised Request + ____% - ____% <input type="checkbox"/> Other _____	